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ASHA

Journal of the American Speech and Hearing Association

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Asha

APPLICATIONS FOR MEMBERSHIP SHOULD BE ADDRESSED TO THE EXECUTIVE SECRETARY

REHABILITATION OF THE ADULT WITH SPEECH AND HEARING PROBLEMS

H. HARLAN BLOOMER*

University of Michigan Speech Clinic

In approaching the topic of the preparation of clinicians qualified to treat adults with disorders of speech a number of questions immediately occur as pertinent:

1. Do children and adults differ significantly with reference to the types, etiologies, and the personal and social effects of disorders of speech?
2. If so, are there distinctive age groupings with which one should be concerned?
3. Are significantly different approaches required for the treatment of the disorders or the alleviation of their effects according to the age of the patient?
4. Are different curricula needed to train diagnosticians and clinicians who work with distinctive age groups?
5. Do different service environments impose on the clinician special requirements with respect to preparation and working methods and if so, how are these requirements to be met?
6. Do clinicians require different personal qualifications in order to adapt effectively to the special needs of clients of different ages?

To answer, or even consider these questions, we need to review briefly the principle tasks of the speech clinician, and the nature of the field in which he works. Let us first describe his job, and then proceed to the questions listed above.

As I suggested in a talk before the American Speech and Hearing Association at the Los Angeles convention,[1] the job of the speech clinician is a four-fold one. He must be prepared to: (1) Examine the patient and diagnose the nature and etiologies of his speech problem; (2) Prescribe and carry out a program of treatment for the elimination of the defects (or the alleviation of the effects of the disorder in those cases in which normal speech is not a practical goal); (3) Advise (i.e., counsel) the patient or his family (or other responsible agents) regarding the nature of his problem and the program of treatment; and (4) Deal with other specialists with reference to examination or treatment of the patient.

In short, the speech clinician (sui generis) must be trained to *interview, diagnose, treat* and *consult* regarding the speech problems of patients of all ages, from infancy to senility, in health and disease, from all social strata and environments, and in a variety of agencies. He must perform these functions with reference to the manifold disorders of *voice, articulation language* and *synergistic control of speech,* as they reflect the etiologic forces attributable to environmental, psychological and physical circumstances.

Few clinicians can reasonably hope to afford the time, money or energy which would be required to achieve this level of ability and knowledge. If properly designed and executed, an appropriate program of instruction would probably require a minimum of 3 to 4 years of academic and clinical training. Preparation to undertake research and to teach would require additional years devoted to specialized courses and experience. Since a program of this extent is probably not economically feasible, and such breadth of training probably not within the range of abilities of the average speech clinician, the most practical alternative is to devise some scheme which permits sound training on a more specialized basis.

Specialization in training and practice of clinicians can be limited in a number of ways. The nature of the clinical setting (whether in a hospital, community agency, private practice, university clinic), the nature of the disorder (stuttering, voice, aphasia, etc.), the etiology of the disorder (cerebral palsy, cleft palate, disorders of the mind, etc.), or according to the age of the patient.

It has generally been customary for clinicians to restrict their practice on the basis of one of the first three mentioned. In fact, most clinicians choose to specialize in a certain type of disorder, and may deal with all ages. It seems to me that we should consider another approach to specialization—comparable to the distinction between pediatrics and internal medicine—and offer preparatory training in accord with this distinction in the field of speech correction.

The questions which I have asked above are thus relevant to the problems of clinical training for specialists in speech correction. Let us briefly discuss the questions and offer at least partial answers to them.

1. *Do children and adults differ wth reference to*

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This article is based on a paper presented at the Central States Speech Association in Chicago, on April 8, 1960.

the types, etiologies and the personal and social effects of disorders of speech?

In general, *yes*. Whereas most speech disorders can be found in patients of all ages from childhood to adulthood, they are not represented in the same way and to the same degree throughout the age spectrum. Certain diseases or conditions affecting speech are primarily associated with adulthood—e.g., pseudo-bulbar palsy, aphasia, laryngectomy, edentulism, Parkinsons disease, certain neuronoses of the larynx, et cetera. Certain disorders, although their occurrence runs the entire age gamut, constitute quite different entities from the standpoint of diagnosis and treatment at specific ages. Stuttering, for example, in the young child and stuttering in the adult, or even the young adult are generally considered to require different approaches in diagnosis and treatment. Certainly a program for the habilitation of the adult cleft palate patient must differ in many ways from that typically conceived for the growing child whose speech is affected by a palatal cleft. Furthermore, the social implications of a speech disorder of traumatic nature in an adult are vastly different from those imposed by a developmental disorder in a child. Hence, the personal dynamics of the cases must be treated differently.

2. *With what distinctive age groups should one be concerned?*

   A number of factors must be considered in attempting to answer this question. Physical maturation and the implications of this factor on personal and social adjustment are relevant. The social factors affecting adjustment in home, school, community, or employment must be weighed.

In general three age periods must be differentiated: childhood, adulthood and old age. These periods should be further subdivided into six age-periods which present special features of which the clinician should have knowledge and with which he must be prepared to deal.

1. *Infancy*—birth to two years of age.
2. *Early childhood*—preschool years from 2 to 5.
3. *Childhood to adolescence*—5 to 14 years.
4. *Young adulthood*—14 to 18.
5. *Adulthood*—the employable years, including college and assumption of family and community responsibilities, 18 to 65.
6. *Old age*—the retirement years, culminating in communications problems attending senescence.

It may be that some would offer different age limits for the periods indicated. Periods and these age limits were selected because they suggest the different physical, psychological and social forces which inflect individual adjustment patterns. The speech clinician must cope with these forces or utilize them in his attempts to habilitate or rehabilitate a patient.

3. *Are significantly different approaches required for the treatment of the disorders or the alleviation of their effects at different age levels?*

   The answer is, "yes."

   (a) The approach to the problems of *infancy* is primarily one of diagnosis and parental counselling. The clinician utilizes the observations of parents and the dynamic circumstances of the home and parent-sibling relationships to guide the general development of the child. He seeks to maximize the child's potentials for normal development and to minimize the effects of abnormal development. He knows that many speech disorders have their origins in the first year of life.

   (b) The approach to the *preschool years* usually adds some degree of specific attack on the presenting speech or language problem, attempting to modify speech behavior both directly and indirectly, adjusting these attempts to the general course of development of the child.

   (c) The approach throughout *childhood to adolescence* is closely coordinated with the resources of the school, and is usually concerned with educational techniques and the utilization of the educational, health and counselling facilities of the school to supplement the work of the speech clinician.

   (d) The approach throughout *young adulthood* must take into account the sometimes stormy period of adolescence, with the confusions, pressures and emerging concepts of personal awareness which frequently complicate the life of the young adult.

(e) The approach throughout *adulthood* must take into account the practical limitations which employment, educational achievement, family status, life goals, and mental and emotional adjustment impose on any treatment program designed to improve speech. For example, the adult stutterer who has made a reasonably satisfactory employment and family adjustment presents quite different problems from those of the frustrated, spasmodically employed, poorly adjusted adult who stutters.

(f) The problems attending *old age* are just beginning to be recognized. It was evident to me from a study which I made recently in connection with a county hospital survey,[2] that the problems of diagnosis and treatment for the geriatric patient are special ones, for which we do not yet have adequate techniques or even sufficient knowledge on which to base our development of techniques.

4. *Are different curricula required for the training of diagnosticians and therapists who work with the distinctive age groups?*

In answering this, I should say that a basic curriculum common to all training is required. Certainly the clinicians who specialize in work with adults must be expected to know something about the development of children and the nature of developmental disorders. Conversely, the clinician who works with children is handicapped unless he knows something of the eventual outcome and the implications of speech disorders if they continue into adult life. All clinicians should know something of the nature of all types of disorders and the methods of treating them.

However, if one reviews in his mind the four functions which a clinician must perform (i.e., *examination, treatment, interviewing* and *professional consultation*), it immediately becomes apparent that special training is required in order to deal with the problems which each age level presents. Counselling with a parent requires different techniques from those needed in dealing with a child. In the latter instance one might employ play therapy, but few of us would try play therapy with the father or mother of the child! Certainly the techniques required for the examination of a young child differ considerably from those needed for the adult. Even though the objectives of the examination may be roughly the same at special ages, the solicitation of a patient's cooperation and the interpretation of the results require a different background of knowledge on the part of the examiner. Therapy and consultative functions similarly must be specifically adapted not only to the disorder but to the age of the patient.

Whereas theoretically a person could train himself to deal with all disorders and with patients of all ages, from a practical standpoint it is evident that after completion of basic training, a clinician must decide on some practical limitation to his fields of training and his field of work. Training institutions must recognize the implications of such limitations and should provide not only the course work but the opportunities for clinical practice pertinent to the types of disorders in relation to the ages of the patients.

5. *Do different service environments impose on the clinician and his training institution special requirements for preparation and working methods; and if so, how are these requirements to be met?*

Some typical service environments include: (a) *the speech and hearing clinic* in which the personnel have their training primarily in one or both the fields of speech and hearing; (b) the *rehabilitation center* (probably medical) in which other specialties are represented, such as pediatrics, neurology, physical medicine, otolaryngology, et cetera; and (c) the *public school speech correction program.*

It seems to me that the differences in training required for work in these settings are not of a fundamental nature, but ones which require only special emphasis in the curriculum and opportunities for specialized practical experience in these settings. Certainly a knowledge of the administrative organization of each of these service environments should be provided. So far as I know, no training institution has undertaken to provide such instruction on an organized basis up to the present time.

Furthermore, a knowledge of the nature and objectives of related professions is pertinent to the training of clinicians. He needs this information in order to make an intelligent referral for examination or treatment, and he needs it to guide him in his own work as consultant to a specialist in another field.

In this connection it should be pointed out that each service setting and each community offers different resources. A knowledge of the available resources and the means of enlisting their aid, is an important part of the clinician's

knowledge. Sources of financial assistance, and employment opportunities which will support the objectives of the speech clinician are also highly important. Such resources are sometimes limited to specific age ranges and to special disabilities.

6. *Do specialists require different personal qualifications in order to adapt effectively to the special needs of clients of different ages?*

   In general, *yes*. Certain people can work effectively with children, understand children, are interested in children. Others are more comfortable with adults, understand them better, and work more effectively with them. The clinician and his instructors can usually decide this on the basis of clinical practice with appropriate age groups.

In closing, I should like to repeat that the training of clinicians to work with adults does impose additional and special requirements to those which are basic to the training of clinicians in general. Anyone who has worked with both children and adults knows this, but our courses of instruction and our textbooks do not reflect this awareness. Neither do our resources for clinical practice afford the needed opportunities for our students to develop an understanding of the special adaptations of diagnostic and treatment procedures which must be used differentially with the young and with the mature. The correction of these deficiencies in our professional training will require considerably more money and personnel than most of our training institutions now support. It may also be necessary to limit certain training institutions to the provision of basic instruction. More advanced levels of clinical instruction might be assigned to institutions in which the staff, clinical facilities and case material are adequate to the task of training students with the age ranges and in the service programs referred to in this paper.

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SIGMA ALPHA ETA—A STEPPING-STONE TO ASHA

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EACH year at the ASHA Convention can be seen an extra registration table and a scattering of gold and green badges bearing the name "Sigma Alpha Eta." Often heard are inquiries about the why and wherefore of this organization. It seems fitting to present here a statement concerning the aims and functions of this society for students.

From the early days of the profession of speech correction and audiology, leaders have worked to build an organization dedicated to helping persons with communicative disorders. Thus the American Speech and Hearing Association came into being. As specific curricula were developed in colleges and universities to educate specialists in the field, there emerged a desire to unite students with common purpose. This need seemed to represent a search in three directions: for enriched training experiences resulting from group action and interaction; for recruiting opportunities; and for providing a broader professional view for the trainees.

At the Pennsylvania State College[1] in 1947 the clinic staff recognized this need, and Sigma Alpha Eta had its beginning as a local society under the advisership of Eugene T. McDonald, Director of the Speech and Hearing Clinic. It functioned for two years as a campus club with Charles Diehl, at that time a doctorate candidate, serving as its first president. During the second year, students from several nearby colleges requested information about establishing chapters on their campuses. After studying the situation carefully, the faculty approved the exploration of interest on a national scale. The response was gratifying. The organizational meeting was held at the Eastern Public Speaking Conference[2] in New York City on April 7 and 8, 1949.

Sigma Alpha Eta is a professional society for students in the curriculum of speech correction and audiology. Governed by a council composed of six faculty advisers and four students and by an assembly with representation from each chapter, it is the only national institution of its kind. At the time of its inception several other local speech correction groups were considering "going national"; most of these have since affiliated with Sigma Alpha Eta. Today the 61 chapters from 25 states have over 1,000 members.[3] Annual meetings have been held in conjunction with the American Speech and Hearing Convention since 1949. It has been estimated that, during these years, approximately a thousand students have attended ASHA conferences through the coordination.

The link between Sigma Alpha Eta and ASHA has several additional dimensions. Chapters are permitted only in colleges with sufficient offerings to make possible clinical certification. Advisers must hold basic or advanced certificates, and students are eligible for active membership only if they are working toward certification. Also, ASHA membership or associateship is a requisite for honor membership of Sigma Alpha Eta. Perhaps of greatest significance in the relationship is the pledge taken by each initiate: "I subscribe to the Code of Ethics of the American Speech and Hearing Association and will abide by these principles as they become applicable to my professional activities." A discussion of the implications of this declaration helps to clarify for the student the value of ASHA as a professional body, the importance of planning for the completion of certification requirements after graduation, and the recognition of other responsibilities delineated in the Code.

The objectives of Sigma Alpha Eta, according to the constitution, are as follows: (1) To create and stimulate an interest among college students in the field of clinical speech and hearing; (2) To encourage professional growth by providing learning experiences not offered in the formal course structure; (3) To foster a spirit of unity by coordinating the interests and efforts of persons with a common goal, by offering opportunities for social and professional fellowship, and by providing situations in which students and faculty may work together as a team to advance the profession as a whole; (4) To inspire high levels of achievement in academic and clinical activities; (5) To aid in building wholesome public relations with other college departments and with local organizations interested in knowing about the field of speech and hearing.

These purposes are implemented in many ways. Following are several selected examples:

a. Chapters are ingenious in their recruiting efforts. They conduct clinic open house events for campus and town visitors; they send student speakers to high

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school classes and bring high school seniors to the college for visitation. They develop motivating materials and participate in career day occasions. On the national level a career brochure is now in preparation by an ASHA–SAE committee.

b. Chapters are required to hold no fewer than six professional meetings during an academic year to retain active standing. Most groups have many more. They bring in off-campus speakers, go on field trips to centers elsewhere, organize all-state and regional conferences with nationally known lecturers, and carry on research projects. The professional activities consultant stands ready to supply ideas upon request.

c. The power of esprit de corps spreads its influence across the gamut of chapter activities. It is derived not only from thinking and planning together but also from playing together. Faculty and students learn to know each other by sharing responsibility and merriment. Most groups have coffee hours following their professional meetings and add several full-sized social functions to the year's calendar. The society's publication, *Keynotes*, is a strong unifying force.

d. Sigma Alpha Eta is not an honorary fraternity, yet it provides for the acknowledgement of excellence. The participation structure is built in pyramidal design. To form a broad base and provide for numbers, two pre-membership levels offer opportunity for all interested students to affiliate with the organization. It is thus possible to include in the group "the whole clinic family." Key (active) membership requires above-normal academic achievement. Honor membership is a recognition level awarded for superior scholarship, clinical excellence, and leadership in the organization. To be able to say "I am an honor member of Sigma Alpha Eta" carries with it a recommendation of merit.

e. A responsibility of every training center is the establishment of wholesome public relations. Chapters report resourceful projects to assist in carrying out this objective. They survey public school systems upon request to determine the need for speech and hearing therapy; they screen incoming freshman classes as a service to the college; they speak to civic groups, prepare library displays, and produce radio and television programs.

Thus far the liaison between the student society and the American Speech and Hearing Association has been essentially that indicated above. In November, 1959, ASHA appointed a committee to study the advisability of a more formal relationship. Through the leadership of Margaret Byrne,[4] president, the question is being examined in all its ramifications as both organizations look to the future of Sigma Alpha Eta.

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[1]Now the Pennsylvania State University at University Park.
[2]Now known as the Speech Association of the Eastern States.
[3]This figure includes only current key and honor members.
[4]Margaret C. Byrne, Ph.D. (University of Kansas), president, was editor of Sigma Alpha Eta from 1949 to 1956. Other current officers are: Kennon H. Shank, Ph.D. (University of Oklahoma), vice-president; Prudence L. Brown (University of Michigan), treasurer; Alfred J. Sokolnicki (Marquette University), Editor; Mrs. Dorothy D. Craven (University of Maryland), professional activities consultant. Student members-at-large are from the University of Utah, Bloomsburg (Pennsylvania) State Teachers College, University of Wisconsin at Milwaukee, and Ohio State University.

NEEDS OF AN EXPANDING PROFESSION

JAMES F. CURTIS*
State University of Iowa

THIS article is the Statement presented at the Chicago Hearings of the Subcommittee on Special Education of the Committee on Education and Labor of the U. S. House of Representatives, May, 1960.—*Editor*

MR. ELLIOTT and Members of the Committee:

At the outset I should like to express my appreciation for the opportunity to present a statement to this committee. The efforts being made through these hearings to study the needs of handicapped persons are indeed significant and highly gratifying.

This committee has been furnished a great deal of testimony concerning the need for expansion of services to handicapped persons. The serious shortage of trained specialists to provide such services has also been read into the record. Rather than add to the bulk of this testimony I wish merely to reaffirm that the need is great and to urge favorable action on House Joint Resolution 494 as a first step toward meeting this need. In the remainder of my statement I should like to call attention to an additional phase of the over-all problem which seems to me to be deserving of the most careful attention.

As head of the Department of Speech Pathology and Audiology at the State University of Iowa, I represent one of the teaching programs from which must issue a greatly increased flow of highly trained specialists, if the purposes of House Joint Resolution 494 are to be realized. In our over-all thinking about what must be done to accomplish improved programs for greater numbers of handicapped persons it is important, I think, that we give a due measure of attention to the role which must be played by college and university teaching programs, such as the one which I represent. In our eagerness to get on with tangible progress toward our ultimate goal, this role is rather easily taken for granted. This must not happen. The college and university programs for training specialists to render the needed services represent the foundation upon which any success in accomplishing our purposes must be built.

Because Speech Pathology and Audiology is the only field in which I may claim authority I shall concern myself primarily with the problems in this area, although I am reasonably certain that similar training problems exist in other specialties.

What is the magnitude of the task that the colleges and universities are confronting? To what extent are they prepared to cope with this task? How well are they meeting the demand for trained personnel which currently exists in this field?

This committee has heard a great deal of testimony about the need for expanding services to the handicapped, including those with speech and hearing problems. Yet, despite the admitted inadequacy of present service programs, it is a well recognized and inescapable fact that our college and university programs have been unable to supply trained specialists in sufficient quantity to staff our current low level of service endeavor. Jobs go begging. Employers search desperately for personnel to fill vacancies and all too often have to curtail their programs simply because the necessary staff cannot be found. In recent years a great deal has been said concerning the need to recruit more young people to seek careers in these specialties. It is undeniable that a recruitment effort is needed and that a part of the answer to supplying more trained personnel lies in providing scholarships and fellowships to encourage more young people to study and prepare themselves in these specialties. But this is only the beginning.

Currently there are some 70 colleges and universities offering graduate programs in speech pathology and audiology, with thirty of these offering full graduate programs leading to the Ph.D. degree. These graduate programs now enroll approximately four hundred students. If the qualified applicants for graduate training were available, this number could be expanded somewhat. Exactly how much must be determined, but it is safe to say, I am sure, that the increase that can be accommodated without major expansion of graduate training programs is a small fraction of the need. I think a reasonable estimate might be twenty to 25%. Maximum utilization of present graduate programs could thus accomodate perhaps 500 graduate students each year, instead of the 400 currently enrolled.

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What is the magnitude of the task? According to available estimates the need is for approximately 1500 students to be enrolled each year in graduate programs in speech and hearing alone. We are currently enrolling 400. By stretching existing programs to the elastic limit we might accomodate 500. The need is for three times that many.

I submit that the expansion in college and university programs which this need calls for is one of major proportions. The magnitude of this problem must be understood. No training grant program of which I have any knowledge makes more than a meager beginning toward such expansion. We do not have the necessary physical facilities for such expansion. We do not have the clinical service facilities needed by our teaching programs to provide practicum and field experiences for this larger group of trainees. Above all we do not have the numbers of qualified teaching staff to expand in these proportions.

I should like to discuss these needs in somewhat greater detail. First, and most imperative, is the need for staff. Before we can significantly expand the number of graduates available to service programs, we must train a greatly expanded corps of persons qualified to give instruction at the graduate level. This, in itself, is a task of no mean magnitude. A span of over 30 years has been required to bring our academic faculties in this field to their present strength. One can only speculate as to the time required to expand these faculties to three times their present size. The point is that this need is paramount. It must be the first step in providing expanded service to those with speech and hearing handicaps. A maximum effort, supported by adequate funds, will be needed. Graduate fellowships must be provided to encourage more young people to prepare for academic careers in these special fields. This means support for students throughout a full graduate program leading to the Ph.D. degree, for a minimum of three years. However, graduate training in speech pathology and audiology is intrinsically clinical training. An integral part of such training is opportunity for the student to observe clinical procedures and to develop adequate clinical skills, insight, and judgment. Thus, staff is needed not only to teach academic courses, in the usual sense, but also to teach and supervise the clinical aspects of training.

This leads to the second need. It is evident that an integral and absolutely essential part of instruction in this field is the opportunity for clinical training. Hence, expansion of graduate teaching programs must be accompanied by the expansion of the clinical services without which such student practicum opportunities could not exist. How this can best be accomplished is a problem of considerable complexity and will vary from one university situation to another. But, it must be done.

Thirdly, no adequate expansion of college and university teaching programs in this area can be accomplished within the existing physical facilities. Many programs are currently being conducted in woefully inadequate buildings. Even those fortunate few programs which have been able to finance new buildings in recent years have not planned these facilities for the expanded enrollments now recognized as needed. Expansion of enrollments by a factor of three times can only be accomplished if the needed physical facilities are provided. This means more classrooms, more clinic spaces, more offices, more laboratories, more specialized equipment. In some cases it must mean provision for residential clinic programs with dormitories, dining facilities, etc.

All of this takes money, of course, money for buildings and equipment, money for clinical programs needed in training, money for expanded staff, money for fellowships. Moreover, the appropriations required to meet the needs I have tried to outline are far greater than now contemplated in any legislation presently being considered in the Congress. I wish it clearly understood that I heartily endorse House Joint Resolution 494. This legislation is badly needed as a first attack on the problems of expanding services for the speech and hearing handicapped. What I have sought to do in this statement is make clear that there are urgent additional needs which must be recognized and met, if we are to succeed in accomplishing the purposes stated in the legislation now being considered.

Special Reports

CLINIC-LABORATORY DESIGN BASED ON FUNCTION AND PHILOSOPHY AT PURDUE UNIVERSITY

M. D. STEER AND T. D. HANLEY*
Purdue University

TWENTY-FIVE years of speech and hearing training, research, and services at Purdue University were climaxed August 5, 1959, when the Clinic and Laboratory were moved from ancient, tradition-rich University Hall to new attractive, efficient Heavilon Hall on the main campus. The departure closed the books on a quarter-century of work, during which time more than 62,000 students received routine speech examinations and nearly 12,000 students and nonstudents were admitted to the Clinic for remedial services in speech or hearing.

By taking advantage of a between-session month for the transfer from one building to another, the Clinic maintained, uninterrupted, the three basic programs whose expansion, over the years, made necessary the shift of quarters. These basic programs, gradually developing at many academic institutions, are the clinical training of undergraduate and graduate student majors, the services made available to the speech and hearing handicapped, and research in speech pathology, audiology, psycho-acoustics and bio-acoustics. In size the programs currently operate somewhat as follows: student majors, 150 undergraduate, in the School of Science, Education and Humanities and 49 advanced students in the Graduate School; clinic enrollees (meeting twice weekly), 124 students and staff and 123 clients not otherwise associated with the University, clients from the Outpatient Diagnostic Service 84; students seen irregularly on consulting service for minor speech problems 111: research, about 25 students and staff.

Typically, the new Clinic in Heavilon Hall occupies the lowest floor level in the building (some 14 feet below ground level). Artificial lighting, of course, is required throughout but a combination of skillfully executed interior decoration and unobtrusive illumination compensates for the absence of windows. Further compensation for this absence of windows is provided in the form of year round air-conditioning. One noteworthy aspect of the treatment of wall services is the substitution of vicretex, vinyl-coated fabric wall covering—washable and resistant to discoloration—for the usual painted walls in all corridors and stairwells. The floor covering is vinyl asbestos tile which is kept at a low level of polish as a means of preventing accidents.

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Many years of general planning and more than a year devoted to details of the design preceded the construction phase of this project. Once the space allocation had been made by the University President, Vice-President and Dean, the writers and their colleagues in the division of speech pathology and audiology embarked upon a two-month basic design program. Every afternoon during the summer session of 1957 the planners met to discuss general principles of construction and spatial arrangements.

Thereafter one of the staff members served as planning coordinator and liaison with the architect who had been assigned to this portion of the six-floor classroom and office building. Four complete revisions of the basic plan and countless minor revisions were required before a set of blueprints was judged generally acceptable. From this point, contract negotiation and construction followed the usual pattern.

On August 5, 1959, books, records and instruments were moved into previously assigned spaces in the floor plan shown in Figures 1 and 3. Also at this time deliveries of new furniture and instruments from the Receiving and Stores Department began. The spaces were assigned, just as the rooms themselves were assigned, on the basis of function. Four main functions are served by the four quadrants into which the 15,500 square feet of floor space is divided by the main hall and the central stairway.

On the northwest (*Figure 1*) is the administration area, with reception room and senior staff offices panelled in birch-finished plywood and large expanses of clear and opaque glass. The furniture in the reception area consists of six chairs and four small sofas all covered in long-wearing Naugahyde. The small couches were selected because it has been observed that frequently people will prefer to stand rather than sit in the middle of a long couch. In practice, this selection of furniture has been amply justified. Visitors to the Clinic have commented favorably and there has not been the previously observed failure to use certain items of the furniture. Immediately to the north of the reception room is a file and tabulation room in which are kept standard items of office equipment and the thousands of case folders collected over the quarter century of the Clinic's operation. "Sensitive" case folders are kept in a locked file that is keyed differently from the standard file system of the University. The graduate clinicians' office, west of the Director's office, houses 29 graduate students, each with assigned desk space and lockable wall cup-

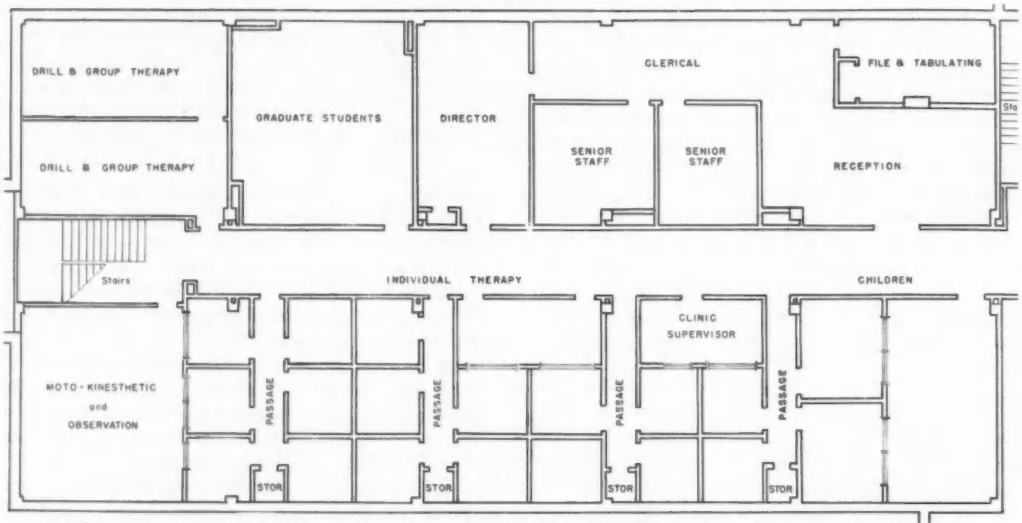
board for books, therapy materials, and the like. The corner room in this quadrant is a divided room for group work; the outer half contains 12 tablet-arm chairs in two semicircular rows and the inner half 12 acoustically-treated drill booths, each with earphones, microphone and tape recorder. A master console makes it possible to link all the booths in one circuit for use of pre-recorded drill materials, or the instructor may "tune in" from the master console to any one of the stations to monitor the drill work and offer suggestions.

In the southwest quadrant (*Figure 1*) service and training functions are combined in applied speech correction. Ample opportunities for observation of clinical work are provided by a complete inter-communication system, with outlets in all rooms, and liberal use of one-way vision mirrors. These mirrors are placed above desk-like shelves built into the walls of the speech correction rooms. Upon prior arrangement between clinician and clinical supervisor, the mirrors may be covered over with draperies arranged on traverse rods.

It should be emphasized that the visual and auditory observation in any of the seventeen individual speech correction rooms is conducted for one of two purposes: either to serve a teaching function for student observers or classes in clinical methods or to provide unobtrusive supervision of student clinicians. Clients and clinicians alike are informed at the beginning of the semester that the clinical work may be monitored at any time during the semester except when specific requests, based on good reasons, are made for absolute privacy during specified clinical hours. As it turns out, there has been no resistance to this monitoring program nor resentment expressed by any who have been observed.

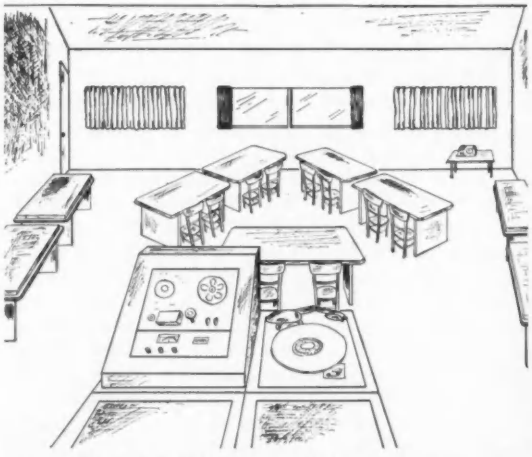
The system reaches its peak of usefulness in the southwest corner chamber where, in addition to the class work in motokinesthetic speech correction procedures, a considerable amount of other teaching takes place. Several times in the course of the semester, clinical methods classes meet here and observation of specific procedures is made possible by pre-programming of certain clients. Also, seminars in aphasia, stuttering and the organic disorders are held in this room from time to time and appropriately selected clients are worked with in the adjacent trio of individual therapy rooms. *Figure 2* is a sketch of the

Fig. 1



Northwest (upper) and Southwest (lower) quadrants of the Clinic-Laboratory, showing space allocation.

Fig. 2



Artist's sketch of motokinesthetic laboratory, showing one-way vision mirrors into individual remedial speech rooms (top), phonotape console (bottom) and padded motokinesthetic tables (sides).

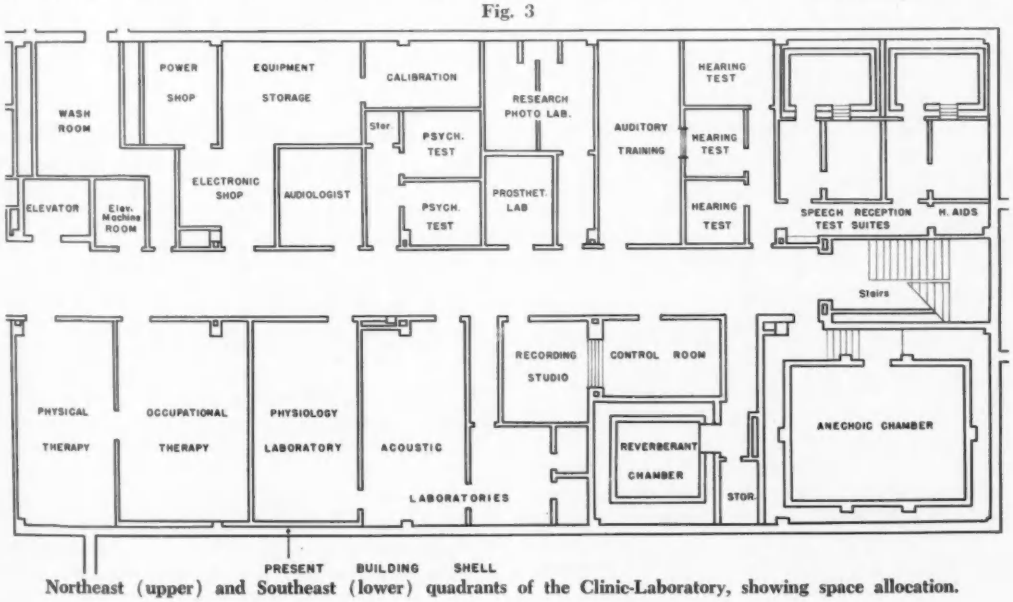
motokinesthetic laboratory as seen from the west wall. Adding to the versatility of this chamber is the inclusion of a record-reproduction console of matched high quality components both in tape and disc. The output of this console leads to corner-mounted AR-1 speakers with Electrostat tweeters, making possible the playback of clinical or research records for group evaluation. Selection of this room for such playback was made on the basis that it is the most "natural" acoustical environment in the Clinic. There has been acoustic tile applied to ceiling and upper walls; lower walls and floor are hardsurfaced. There is, then, enough "bounce" to impart liveliness to record reproduction but there is also enough absorbency to prevent undue reverberation.

Proceeding down the main hall through the center of the Clinic one observes a succession of the previously mentioned individual therapy rooms. These are almost identical in size and general treatment of space. They vary in the hues of the wall colors, all of which are bright enough to provide visual interest but subdued enough to prevent overstimulation in the visual modality. One-way vision mirrors are placed in two pairs of these individual rooms in addition to the three which front on the corner room. In addition, one-way peep mirrors are in the doors of all the clinic rooms. These same viewing provisions are made in the children's therapy area shown on the lower right in Figure 1. The single large room and two smaller working areas that comprise this children's segment are dealt with in a slightly lighter and brighter mood than the other clinical areas. Decals, figured vinyl tiles and a profusion of toys make of this suite a desirable place for the youngsters to visit.

The southeast quadrant (*Figure 3*) was designed primarily for research applications, although two chambers have been reserved and equipped for physical and occupational therapy. Then, continuing eastward, the physiology laboratory, a room shielded from unwanted electrical potentials by copper screening on walls, ceilings and floors, contains a fairly complete array of instruments used for examination of the organs and physiological functions involved in speech: spirometers, respiratory polygraphs, etc. A mobile laryngeal laboratory with outlets and provisions for nasal and oral sprays, laryngoscopes, nasopharyngoscopes and other pieces of adjunctive equipment is located in this laboratory, making it possible for medical consultants to the Clinic to examine and even to treat patients as though they were in their own offices. The most valuable piece of equipment in this laboratory is a Grass Model IV Electroencephalograph with two of the 16 channels eliminated in order that two other channels may be used for electromyography, requiring wider pen excursions than EEG.

Adjacent to the physiology laboratory is a suite of acoustic laboratories, all extensively sound treated, including carpeting on the floors. In the largest of these chambers a console of sound generating, modulating and recording instruments has been built up by the clinic technical staff. Included in this array are low frequency function generator, random noise generator, electronic switch, phase shifter, tape recorder, disc recorder, delayed feedback recorder, Vari-Vox and oscilloscope. Any combination of these instruments can be effected without patching or impedance matching, since all combinations are pre-set in the control panel. The smaller acoustic labs are used for sound analysis (Sona-Graph, pitch recorder, power

Fig. 3



Northeast (upper) and Southeast (lower) quadrants of the Clinic-Laboratory, showing space allocation.

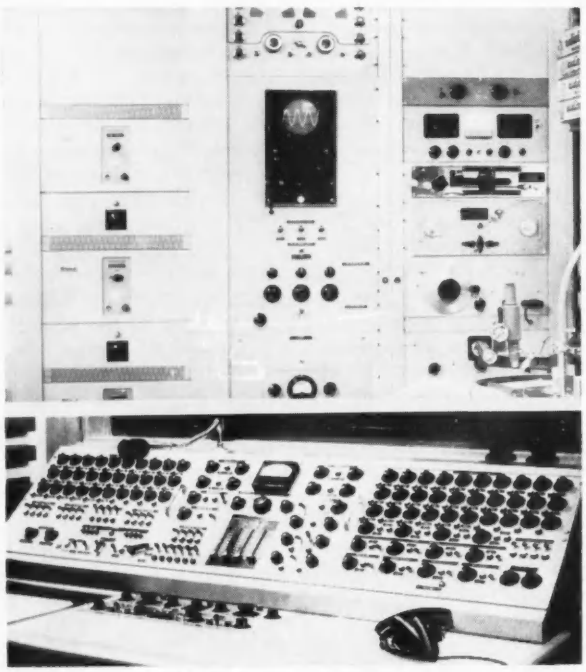
level recorder, etc.) and as listening positions for subjects used in experiments.

The recording studio fronting on the smaller acoustic laboratory also is thoroughly sound-treated. Routinely clients are recorded at the beginning and termination of each semester of work to the end that progress may be more objectively estimated. The studio is also to be utilized for a function not originally anticipated. An array of instrumentation which will make possible high speed motion picture photography of the vocal cords is now being assembled and probably will be used in the recording studio. A Fastax camera and Xenon lamp have been purchased and are being mounted in accordance with suggestions generously provided by Dr. G. Paul Moore.

To the right of the studio is the nerve center of the entire facility: a control room in which is housed a custom designed electronic console (*Figure 4*) which makes possible the linkage of any area in the Clinic with any other area for purposes of sound generation, recording, modulation, etc. A complete network of high and low level raceways leads out from the console to selected clinical and research areas, connecting with about half the total 60 rooms in the Clinic. The console is similar in function to that described in connection with the acoustic laboratories but much more elaborate. Extreme flexibility is assured by the inclusion of the low level and high level line selectors, preamplifier and line amplifier attenuators and remote control switches for pure tone and noise generators, standard and delayed feedback professional disc and tape recorder-reproducers, variable electronic filters and a number of other instruments.

Completing this research quadrant are two specialized acoustic chambers. Just south of the control room is a reverberant chamber, a hard-walled room-within-a-room so constructed that large amounts of sound and noise may be generated within the room and contained within so as not to constitute a nuisance in sound-sensitive areas. In the extreme southeast corner is an anechoic chamber, 15 by 10 by 8 feet high from wedge tip to wedge tip. For the general design of the anechoic room the staff is deeply grateful to the distinguished acoustician, Dr. Richard Hamme of the University of Michigan.

Fig. 4

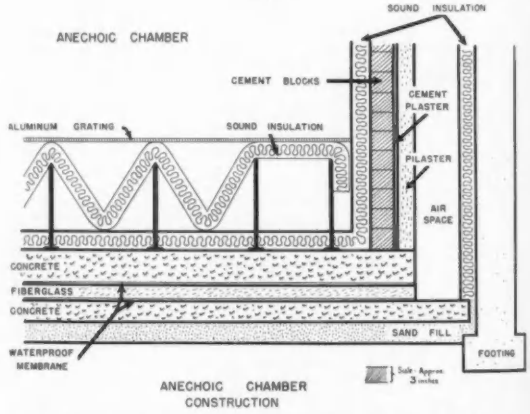


Switching console (below) and electronic components (above) for acoustic control center.

As may be observed in *Figure 5*, the anechoic chamber differs in certain details from the typical echoless room found in several other laboratories. In place of the standard solid wedges, used for the breakup and absorption of sound waves, the wedges in this laboratory are made of acoustic material stretched over aluminum rods. The number of different faces or dissipating edges presented to the sound wave per unit of wall space is, of course, smaller than in the typical wedge design. However, this construction is materially less expensive and preliminary tests of the room's characteristics reveal that very satisfactory attenuation is achieved.

Audiological services,

Fig. 5



Detail sketch of section of anechoic chamber revealing isolation of the room from the ground and other building elements. Floor wedges shown beneath aluminum grating are repeated on walls and ceiling.

training and research are the principal activities in the northeast quadrant of the Clinic. The greatly expanded space allocated to audiology made possible in the year just past the scheduling of 322 persons (114 children and 208 adults) for full audiometric examinations completed in a toal of 445 appointments. In addition 2058 pure tone audiometrics were administered and pure tone screening for auditory acuity was applied to all regularly enrolled students and outpatients seen in the Clinic. Two speech reception test suites, constructed according to the Allison plans, are located in the northeast corner of this wing. In one of the suites is placed a research audiology console, made up of the basic Grason-Stadler speech audiometer with adjunctive equipment such as phase shifter, electronic switch, modulating switch, tape deck, and CR oscilloscope.

Pure tone auditory testing is provided for in a trio of small chambers alongside the speech reception suites. Here is kept a variety of audiometers, including GSR and a Bekesy instrument.

Moving west toward the reception room one sees next an auditory training room equipped with group hearing aid, earphones and several types of sound generator, from cow bells to electronic low frequency function generator.

A photographic dark room is provided, in which are developed and printed pictures taken of interesting dental structures, palatal clefts, etc. It is also planned that the laryngeal photographs taken on the new Fastax high speed motion picture camera will be developed in this laboratory.

In the prosthetics laboratory ear and dental impressions are made. Supplementary physiological instrumentation also is kept here so that routine examination of the peripheral speech mechanism can be conducted in the prosthetics area if the physiology laboratory is occupied.

Standard psychological functions are accomplished in the area labelled "Psych test" and provision is made for monitoring this program by means of one-way mirrors and an intercom system.

The supervisor of audiological services and research occupies an office in this quadrant. This makes possible his close observation of activities in the audiology region and in the shop area behind his office.

The shop area is composed of a three-room suite. Immediately off the main corridor is the section devoted to routine electronic maintenance functions. Northwest of this room is a power shop in which are contained lathe, drill press, band saw and other power tools which can be employed in the construction of instruments of an experimental developmental nature. The housing and mounting of the laryngeal camera, for example, were accomplished in the power shop. East of the power and electronic shops is the calibration room for the laboratory. Like the physiology laboratory this is a copper shielded room and has, in addition, a regulated power supply. A fairly complete set of Bruel and Kjaer calibration and electronic test equipment is housed in this laboratory. Much of this instrumentation as well as many other items of a research nature were purchased with funds supplied from a grant from the National Institutes of Health.

Only one important room is not shown in these floor plans, but it is a very important room indeed. In the center of the northern half of the Clinic, immediately to the right of the center stairway shown in *Figure 1*, is the undergraduates' lounge, an attractively furnished room in which speech correction and audiology majors are encouraged to congregate between classes and while waiting for clients or observation sessions. Sigma Alpha Eta, the national honorary society, holds its regular meetings in this lounge and occasional meetings of the United Cerebral Palsy, the Crippled Childrens' Society, the Lost Chord Club and other groups also are held here.

For the statistics-minded reader, the following cost estimates are provided:

A. Basic construction	$375,000
B. New furniture and instrumentation (paid for in part by grants from the National Institutes of Health and the United Cerebral Palsy)	140,000
Total costs, new clinic	$515,000
Plus—equipment and furniture transferred from University Hall	75,000
GRAND TOTAL	$590,000

Visitors to the clinic-laboratory just described are struck with the faithfulness with which the plant mirrors the basic philosophy of the Staff and the University. As the writers and their professional associates have emphasized in numerous spoken and published papers, students and staff members in speech pathology and audiology at Purdue are encouraged:

A. To base clinical practice—diagnosis and remedial procedures—on research findings;
B. To base clinical research, in turn, on the newly discovered scientific facts and principles from any of the related biological, physical and social sciences; and,
C. Always to use the best instrument available for the task at hand, but never to establish such dependency upon instrumentation that clinical efficiency is in any way impaired when there is a power failure.

It seems clear from the information presented above that the enlightened policies of this State University have made possible the creation of a clinic-laboratory with extraordinary potential for habilitative service, education, and basic and applied research to be conducted by communication and allied scientists dedicated to the enhancement of human growth and development.

IMPORTANT NOTICE

Clinical Certification and the "Grandfather Provision"

Deadline for Receipt of Applications: June 15, 1961

APPLICATIONS for Clinical Certification under the grandfather provision will *not* be accepted after June 15, 1961.

An action of the Executive Council at the 1960 Meetings in Los Angeles placed a deadline on receipt of applications for certification under the grandfather provision. The deadline is June 15, 1961.

Certification under the grandfather provision is available to those who completed academic requirements prior to June 15, 1952. For details write to the American Speech and Hearing Association, Committee on Clinical Certification, 1001 Connecticut Avenue, N. W., Washington 6, D. C.

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REQUEST FOR MEMBERSHIP OPINION

An Expression of Your Valuable Opinion is Required To Make This Survey Valid

PLEASE READ AND REPLY

OPINION POLL

Training Institutes Survey

SOME professional organizations sponsor special training institutes, short courses, and seminars. These courses are presented by outstanding authorities. The presentations range in length from one hour to several days. The coverage is more comprehensive than is possible in the time ordinarily allotted to speakers who appear on the Annual Convention program.

For some years the Executive Council has considered the place of these activities in our Association. Members who have participated in those sponsored by other professional groups have been impressed by their value and have expressed interest in similar sponsorship by our Association. For the past several years the Chairmen of the Program Committee have been faced with decisions concerning the place of such meetings during the Annual Convention. As a consequence, a Special Committee on Training Institutes was established to study this question and to make recommendations to the Executive Council. The Committee needs your help. It needs to know how you feel about this issue.

Please tear out this page, fill in the form on the reverse side and mail it *today* to D. C. Spriestersbach, Chairman of the Committee on Training Institutes, Department of Speech Pathology and Audiology, University of Iowa, Iowa City, Iowa. Remember that the Committee cannot consider your opinion unless you accept the responsibility for completing and mailing this questionnaire without delay.

COMMITTEE ON TRAINING INSTITUTES

Betty Jane McWilliams
P. A. Yantis
D. C. Spriestersbach, Chairman

CIRCLE ASHA CERTIFICATION STATUS AS AH BS BH Spon. Speech Spon. Hearing
CIRCLE HIGHEST DEGREE HELD BA BS MA MS PH.D.

CURRENT PROFESSIONAL POSITION_____

CITY AND STATE OF PROFESSIONAL POSITION_____
City State

A. Would you favor the Association's sponsorship of training institutes, short courses and/or workshops? yes____ no____

Reason for your answer:_____

B. Would you be interested in attending? yes____ no____

C. Would you favor having these courses offered in connection with the Annual Convention of ASHA? yes____ no____

If not, give reasons:_____

D. Would you prefer that they be offered at a different time in the year? yes____ no____

If yes, when?_____

E. If such programs were made available at a time other than the Annual Meeting, in what setting would you like to have them?

University _____
Hospital _____
Rehabilitation Center _____
Other (list) _____
Comments:_____

F. If such workshops were developed, do you feel that they should be open to all members? yes____ no____

If not, what restrictions do you feel are necessary?_____

G. What subject matter areas would you like to see covered in an institute? List at least four in order of preference.

1. _____
2. _____
3. _____
4. _____

H. How long do you feel such programs should be?_____

I. Would you be willing to pay a moderate fee for attending such an institute? yes____ no____

_____
Signature

*Tear out the completed form and mail it to D. C. Spriestersbach, Chairman of the Committee on Training Institutes, Department of Speech Pathology and Audiology, University of Iowa, Iowa City, Iowa.

Legislation

FRUITION IN MASSACHUSETTS

On August 27, 1960, the Governor of Massachusetts signed into law two bills which together make it legally possible for any city or town in Massachusetts offering a speech and hearing program under regulations set up by the State Department of Education to be reimbursed 50% of the total cost of the program, including salaries and equipment. These two bills have now become, respectively, Chapters 600 and 627 of the Acts of 1960 of the General Court of the Commonwealth of Massachusetts.

This action marked the successful conclusion of a two-year drive by the speech and hearing clinicians in the State of Massachusetts. During this time period, all clinicians were reminded at each of their professional meetings of the need for contact with their legislators, with interested parents and with interested professional groups, as an attempt to gain increasing support and endorsements for such legislation in Massachusetts. Parent-Teacher Associations, University fraternities, sororities and clubs, Superintendents of Schools, and members of school committees were reminded at every opportunity of the pressing needs of the speech and hearing handicapped population in Massachusetts. Statistical surveys revealed that Massachusetts had over a million school children and that a potential 40,000 of them were suffering from speech and hearing problems of every degree. At the same time, the number receiving competent professional treatment was very small.

The action of the Massachusetts Speech and Hearing Association under the guidance of its Legislative Committee was instrumental in integrating the drives and programs of the individual speech and hearing clinicians throughout the state to obtain these gratifying results.

At an appropriate time in the "campaign," the Legislative Committee of the Massachusetts Speech and Hearing Association, under the able direction of its Chairman, William A. Philbrick, Jr., State Supervisor of Speech Handicapped and Hard of Hearing Children, wrote the article which is to follow to the Governor's Special Commission on the Needs of Special Education. The Commission, after long and comprehensive investigation, introduced the appropriate bill to the Legislature adopting the article submitted by the MSHA as part of its final report. The bill was then passed and recently signed into law.

As a result of this enlightened legislation, Massachusetts now joins the ranks of some 20 other states which offer reimbursement for speech and hearing problems. This action will most certainly enable the State and its professional people in the fields of speech and hearing to increase the efficiency and scope of their treatment programs to the speech and hearing handicapped population throughout Massachusetts.

While the approach described is not necessarily original, it is hoped that it may serve as a rough plan of attack for other states interested in solving this same problem. The enactment of this legislation in Massachusetts appears to be a prime example of teamwork and close cooperation by speech clinicians throughout the State, with fine "quarterbacking" by the Legislative Committee of the Massachusetts Speech and Hearing Association.

NEED FOR STATE REIMBURSEMENT TO PROGRAMS FOR SPEECH AND HEARING HANDICAPPED CHILDREN IN THE PUBLIC SCHOOLS

Of all the handicaps afflicting our children, perhaps none are so insidious as speech and hearing problems because of the fact that when such children are not talking, there seems to be no problem. "(This is) one of the most important aspects of the problem faced by children with speech defects: their difficulties are generally unrecognized and are seldom well understood. A child with a serious speech defect is not likely to talk any more than he has to, except possibly to close friends, and when he is not talking his speech defect 'doesn't show.' He appears to be an entirely normal child. The cumulative effect of this curiously unappreciated circumstance is that the speech handicapped child tends over the years to feel more and more misunderstood, rejected, and increasingly lonely."[1] This loneliness and need to withdraw is increased a thousandfold by a public reaction which engenders more bitterness than outright rejection—namely, humor. From time immemorial, the person who lisps or stutters or talks "through his nose," or mistakes "Thursday" for "thirsty" because of hearing loss has been held up to ridicule and thereby relegated to a special, "different" category of beings. It is precisely this relegation, this classification of differentness with implications of inferiority which flies in the face of our God-given American concepts of equality and our

[1] *Midcentury* White House Conference Report on Speech Disorders and Speech Correction, J. Speech Hearing Dis., 2, June, 1952, p. 129.

educational philosophy of giving to every child as much as he can absorb, that he may go out in fair and equal competition with his peers.

That it is the fundamental obligation of the local public schools and the Commonwealth jointly to provide specific spech and hearing programs staffed by highly trained personnel is patent in the realization that (1) The average child with a speech or hearing handicap is retarded one year in school because of his handicap, and the overall educational expenditure is, because of the retardation, greater.[2] Or, to put it another way, speech and hearing defective children appear to be retarded scholastically, and to fail to take advantage of opportunities for college training, out of proportion to expectations based on intelligence test data;[3] (2) In the absence of needed systematic research, probably the most defensible statement to be made on the basis of common knowledge would place the deficit in earning power brought about by the average speech defect at about 25%. In most cases, the earning power deficit is determined in large measure by the person's attitude toward his speech problem and his personality adjustment generally.[4]

SPECIAL PUBLIC SCHOOL PROGRAMS

Special public school programs for the speech and hearing handicapped not only help eliminate the one-year retardation problems, but also fulfill one of the most pressing needs of our modern society—acceptance of differences in our fellow man. As the child with the problem is educated, his peers learn along with him that there are no speech defectives—there are only persons who have speech defects.

The 25% loss in earning power is of the gravest concern to the Commonwealth both in terms of individual potentiality of its citizens and in terms of economic returns for budgetary purposes. It is completely alien to our American concept of equality and justice for any person to be deprived of maximal earning power if public school educational procedures can extirpate the limiting factor. That this can be done is evidenced by the number of States presently offering reimbursement to cities and towns having speech and hearing programs. At a recent conference in Washington, D. C., 15 States were represented by supervisors of speech and hearing. *Of these 15 States, Massachusetts alone has no reimbursement program.*

As a direct consequence of lack of state support in this area, of the 351 cities and towns in the Commonwealth approximately 40 offer speech and hearing programs, with perhaps 80 well-trained speech and hearing therapists employed therein. *This means that more than 300 cities and towns are unable to provide these highly essential services for their children.*

Table I offers statistics relative to the Incidence of Speech and Hearing Impairments among Children in the Commonwealth of Massachusetts between are ages of 5 and 21 years. (Based on national percentages.)

TABLE I. Incidence of Speech and Hearing Impairment of Children in Massachusetts

TYPE OF IMPAIRMENT	NUMBER
Functional Articulatory	27,000
Stuttering	6,300
Voice Problems	1,800
Cleft Palate Speech	900
Cerebral Palsy Speech	1,800
Retarded Speech Development	2,700
Impaired Hearing	4,500
Total	45,000

The sub-totals and totals presented in the table do not include all children who would benefit from specific programs in speech and hearing, but only those whose need is so imperative that it cries for the special assistance which will enable these children to compete with those whose speech and hearing needs have been met or those who have never suffered from the need.

The expenses of these instructional periods are the lowest of any special education programs provided for children with problems. The structure and functioning of the classes operate to maintain a constantly low per capita cost, since (1) Most of the special instruction is carried on with groups of children; (2) Most instructional periods are between 30 and 60 minutes duration; (3) Most of the children are instructed for only two periods per week at the most.

A recent survey of the 40 communities offering speech and hearing programs revealed that the average per capita cost for each of the children served was $41 per year. We earnestly request the General Court to consider the fact that for the speech or hearing handicapped child there is perhaps nothing the schools can offer that is as important to him as the special instruction which will enable him to stop being "different" and to compete on a fair basis with his peers.

[2]VAN RIPER, CHARLES, *Speech Correction* (Second Ed.), New York, Prentice-Hall, Inc., 1950, p. 12.

[3]*Midcentury*, White House Conference Report, p. 135.

[4]Ibid., p. 136.

Your Committees in Action

BY-LAW CHANGES

In November 1959, the Executive Council approved in principle a number of By-Law changes. These matters were, in accordance with the By-Laws, brought to the attention of the membership at its Business Meeting at the 1959 Convention. Subsequently, the Committee on Revision of By-Laws appropriately worded the changes, and received mail ballot approval from the Executive Council. The proposed revisions were then submitted to the full membership for vote. Brief descriptions of the By-Law proposals are presented, along with a Table showing final results of the voting.

Change No. 1: Designed to make the Chairman of the Committee on Budget an elected officer.

Change No. 2: Proposed in order to designate that the *Journal of Speech and Hearing Disorders* be sent to all Associates as part of their dues (since virtually all Associates select this *Journal* now), to specify that *Asha* be sent to all members and Associates, and to provide a lower subscription rate for the *Journal of Speech and Hearing Research* for Associates.

Change No. 3: Presented in order to provide for the appointment of Editors of *Asha*, *Trends*, and *Monographs*, and to delegate to them authority and responsibilty for these publications.

Change No. 4: Proposed changing the title, Comittee on Publications, to Publications Board; and the title, Editor of the Association, to Chairman of the Publications Board.

Change No. 5 was proposed in order to improve the working status, particularly with respect to fund-raising, of the persons charged by the Executive Council with responsibility for executing the policies and accomplishing the purposes of the American Speech and Hearing Foundation.

Members of the Revision of By-Laws Committee of ASHA for 1960 are: Elaine Pagel Paden, Chairman; Margaret C. Byrne and Paul H. Ptacek.

RESULTS OF ASHA MEMBERSHIP VOTE ON PROPOSED BY-LAW CHANGES

	Approve	*Disapprove*	*Defective or Incomplete Ballot*	*Total*
Change #1	2,343	42	23	2,408
Change #2	2,277	118	0	2,395
Change #3	2,349	30	21	2,400
Change #4	2,337	0	0	2,337
Change #5	2,332	55	13	2,400

Sounding Board

News of Interest in the Field of Noise Control

Thousands of IAC Audiometric and Medical Research Rooms Selected for Valid Assessment of Hearing Levels

IAC Rooms have provided "controlled ambient conditions" for industrial and clinical testing as well as for medical research programs of all types.

Valuable in "Threshold of Hearing" Research

IAC Rooms offer similar environments for consistent and valid measurements which can be verified in every installation. These controlled environments have made possible research in the successful establishment of hearing norms of young children.

In biological research, standard IAC Rooms were selected to exclude extraneous noise in an electrophysiological study of the cochlear microphonics and auditory nerve action potentials of cats and guinea pigs as recorded directly from the inner ear in response to sounds of known frequency and intensity.

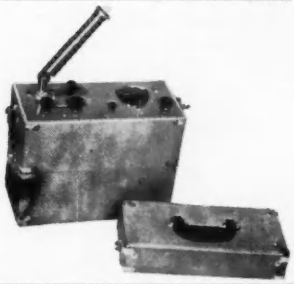
For Auditory Micro-Electric Studies

IAC rooms provide a controlled environment that excludes extraneous noise and prevents stray electrical fields from affecting instrumentation. Circle 61.

Electronic apparatus installed in an IAC Sound Isolation Room measures the effects of drugs on the auditory response of cats.

Sound Analyzer Also Calibrates Audiometers

The new Rudmose R.A. #100 Sound Analyzer designed for measurement of noise and its analysis is also equipped with an earphone coupler for fast and simple checking of accuracy of calibration of audiometers. As shown in the photograph, the earphone coupler (attached to the Sound Analyzer microphone) transmits audiometer signals into the analyzer for checking. Circle 62.



New literature available:

Information on construction of complete Audiology Clinics, Research Centers. Circle 63.

Complete Data on Hearing Conservation Programs. Circle 64.

Medical Dept. AS-3
INDUSTRIAL ACOUSTICS COMPANY, INC.
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New York 54, N. Y.
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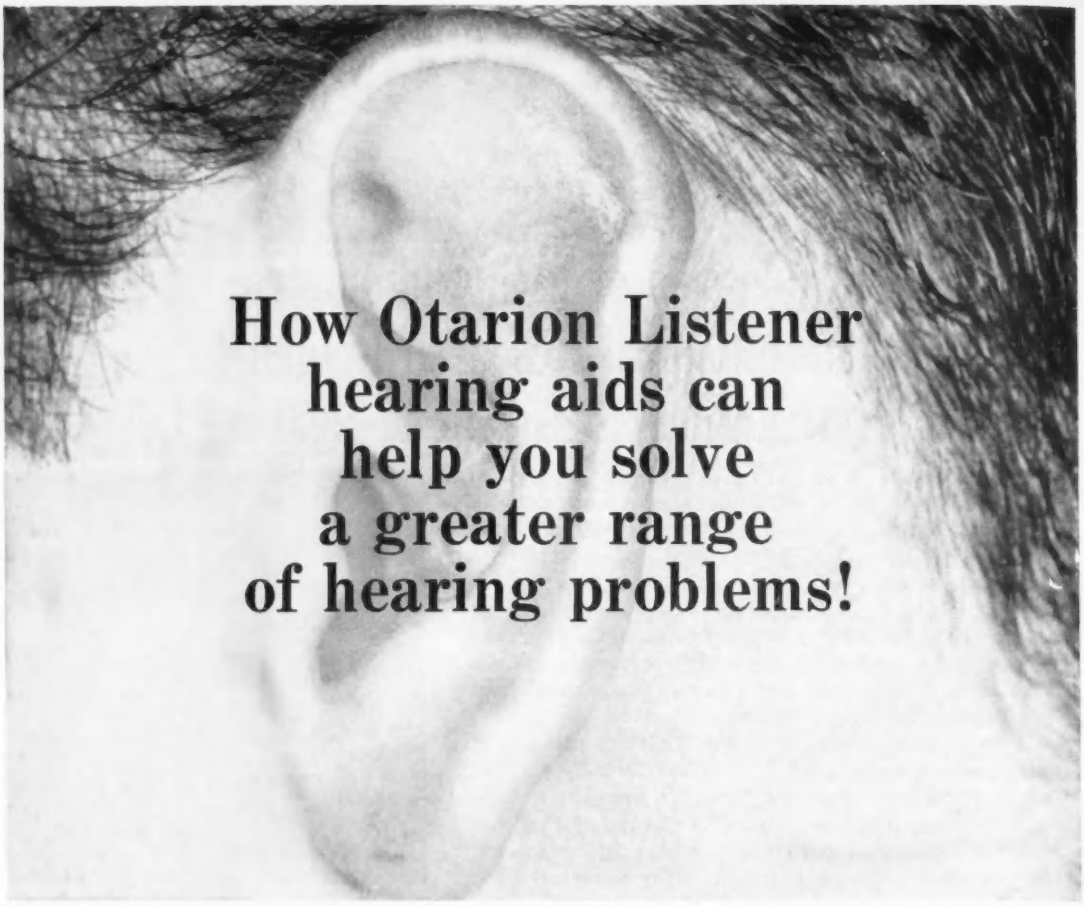

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A newly designed, internal receiver behind-the-ear aid, contoured to fit comfortably and inconspicuously. One-half the length of a cigarette, nearly as thin. Available in three colors to match color of users hair or skin.

If you would like to receive any further information on Otarion's wide range of hearing aids, contact **Leland Rosemond, President,** Otarion Listener Corporation, Ossining, New York.

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State Associations

ALABAMA

The ASHA Executive Council approved the application of the Alabama Speech and Hearing Association for membership in the House of State Delegates in October, 1960. The Alabama Speech and Hearing Association has 109 members having voting privileges, 43 of whom are members of the American Speech and Hearing Association. Officers of the Alabama Speech and Hearing Association are: President: J. Buckminster Ranney; Vice-President: Don A. Olson; and Secretary-Treasurer: Vivian Roe. T. Earle Johnson is national delegate to the House of State Delegates.

FLORIDA

The Fall Conference of the Florida Speech and Hearing Association was held October 22, 1960, at the St. Augustine School for the Deaf and Blind. The theme of the program, arranged by Larry Schendel, Chairman of the Committee on Conventions, was "Problems in Diagnosis, Treatment, and Training of the Child With a Hearing Loss." The Nemours Foundation sponsored Robert Frisina, Director of the Hearing and Speech Center, Gallaudet College, as the guest speaker for the Conference.

Congratulations to the Editorial Board of the *Flasha Bulletin* who in their most recent publication have prepared a most useful compendium of services available throughout the state of Florida for speech and hearing handicapped children and adults. Direct and Indirect Services have been published for the convenience of the members of the FSHA and for those agencies which provide services for the individual with speech and hearing handicaps. "Direct Services" listed included schools, clinics and rehabilitation centers who provided speech and/or hearing treatment as a primary service. "Indirect Services" included schools, Homes, Clinics and rehabilitation agencies in Florida which provided services with which the speech and hearing clinician in the state should be familiar as referral sources. Although some of the agencies listed in "Indirect Services" provided speech and hearing treatment, this was not the primary service of the agency. This listing of "Direct and Indirect Services" available in Florida appears to be a fairly inclusive listing of Directors, Locations and Description of Services of all facilities listed. It is readily apparent that such a compendium of available sources will not only be helpful to the members of the FSHA but it will also serve as a way of making the speech and hearing profession better known to the agencies in their community. This will enable the speech and hearing clinicians to serve the public more effectively both in terms of patient referral and in terms of making speech and hearing services available to these agencies.

MARYLAND

The ASHA Executive Council approved the application of the Maryland Speech and Hearing Association for membership in the House of State Delegates in October, 1960. MSHA has 102 members having voting privileges, 57 of whom are members of the American Speech and Hearing Association. Officers of the MSHA are: President: Margaret E. Faulk; Vice-President: Alex Kubik; Recording Secretary: Patricia Dawson; Corresponding Secretary: Helen R. Bender; and Treasurer: Albert M. Manis. Margaret E. Faulk is national delegate to the House of State Delegates.

MICHIGAN

The ASHA Executive Council approved the application of the Michigan Speech and Hearing Association for membership in the House of State Delegates in October, 1960. MSHA has 380 members having voting privileges, 218 of whom are members of ASHA. Officers of the Michigan Speech and Hearing Association are: President: Keith Maxwell; President-Elect: Ruth Curtis; Vice-President: Mary Rose Costello; Secretary: Marjorie McMahon; and Treasurer: Ralph R. Rupp. Representatives to the House of State Delegates are: Ruth Curtis and A. Bruce Graham.

NEBRASKA

The ASHA Executive Council approved the application of the Nebraska Speech and Hearing Association for membership in the House of State Delegates in October, 1960. NSHA has 28 members having voting privileges, all of whom are members of the American Speech and Hearing Association. Officers of the NSHA are: President: John Wiley; Vice-President: John D. King; and Secretary-Treasurer: Ernest J. Burgi.

NEW JERSEY

The Executive Council of the American Speech and Hearing Association approved the application of the New Jersey Speech and Hearing Association for membership in the House of State Delegates in October, 1960. The New Jersey Speech and Hearing Association has 67 members with voting privileges, 40 of whom are members of ASHA. Officers of the NJSHA are: President: Louis Stoia; Vice-President: Michael Marge; Recording Secretary: Lois Cook; Corresponding Secretary: Ann Seidler; and Treasurer: Alice Spitzner.

NEW YORK

The ASHA Executive Council approved the application of the New York Speech and Hearing Association for membership in the House of State Delegates in October, 1960. NYSHA has 139 members having voting privileges, 121 of whom are members of the

American Speech and Hearing Association. Officers of the NYSHA are: President: Henry C. Youngerman; Vice President: John Paul; Secretary: Norma S. Rees; and Treasurer: Sol Berlin. The national delegates to the House of State Delegates are Robert West and Moe Bergman.

OHIO

The ASHA Executive Council approved the application of the Ohio Speech and Hearing Association for membership in the House of State Delegates in October, 1960. OSHA has 183 members having voting privileges, 118 of whom are members of the American Speech and Hearing Association. Officers of the OSHA are: President: Loraine A. Wilson; First Vice-President: Thomas Anderson; Second Vice-President: Joan M. Sayre; Secretary: Edward C. Hutchinson; and Treasurer: Elizabeth Miller. Delegates to the House of State Delegates are John Black and J. Garber Drushall.

OKLAHOMA

The ASHA Executive Council approved the application of the Oklahoma Speech and Hearing Association for membership in the House of State Delegates in October, 1960. OSHA has 37 members having voting privileges, 25 of whom are members of the American Speech and Hearing Association. Officers of the OSHA are: President: Donald Counihan; President-Elect: Thayne Hedges; Vice-President: Kennon Shank; Secretary: J. Frank Summers; and Treasurer: Earl Blank. Sylvia Richardson is the national delegate to the House of State Delegates.

PENNSYLVANIA

The ASHA Executive Council approved the application of the Pennsylvania Speech and Hearing Association for membership in the House of State Delegates in October, 1960. PSHA has 88 members having voting privileges, 54 of whom are members of the American Speech and Hearing Association. Officers of PSHA are: President: Bruce M. Siegenthaler; Vice-President: Leo G. Doerfler; and Secretary-Treasurer: Margaret C. Raabe. According to the constitution of PSHA, the president of the Association is designated as the first delegate to the House of State Delegates each year.

TENNESSEE

The ASHA Executive Council approved the application of the Tennessee Speech and Hearing Association for membership in the House of State Delegates in October, 1960. TSHA has 134 members having voting privileges, 82 of whom are members of the American Speech and Hearing Association. Officers of the TSHA are: President: Sylvia Stecher; President-Elect: Lloyd Graunke; Secretary: Pauline Howe; Treasurer: Emily Ann Goldston; and National Delegate: Forest Hull.

S.L.B.

Clinical and Educational Materials

FILMS

SIX FILMS WORTH YOUR VIEWING TIME, by Dean C. Schwestka and Kevin C. Schruers, Iowa State Teachers College. The Speech Clinician in the field quite often looks for a film that could be presented to PTA groups, or a civic organization, while the college student looks for film to supplement the subject matter. With this in mind a comprehensive review was made of films dealing with speech therapy from the libraries of the State University of Iowa, Iowa State Teachers College and from several other midwestern film libraries. The following six were chosen for content, quality of photography, narration and attention to fact:

EARS AND HEARING, 11 minutes, State Univ. of Iowa Film Lib., fee $2.25 for three days.

THURSDAY'S CHILDREN, 22 minutes, State Univ. of Iowa Film Lib., fee $2.50 for three days.

STUTTERING, FROM THE HORSE'S MOUTH, 33 minutes, State Univ. of Iowa Film Lib., fee $2.50 for three days.

GOOD SPEECH FOR GARY, 22 minutes, State Univ. of Iowa Film Lib., fee $2.50 for three days.

CLEFT PALATE SPEECH IN THE CHILD, 30 minutes, Univ. of Michigan Film Lib., fee upon request.

REHABILITATION OF PATIENTS WITH CLEFTS OF LIP AND PALATE, 36 minutes, State Univ. of Iowa Film Lib., fee $6.75 for three days.

BIBLIOGRAPHIES

BOOKS, FOR THE PROFESSIONAL LIBRARY OF THE SPEECH AND HEARING THERAPIST. Compiled by Morris Val Jones, June 1960. This bibliography, which has been revised for the sixth time, following advice from a nationwide sampling of speech and hearing specialists, may be used as a guide to establishing a professional library. In this list of 100 books, a balance has been maintained among the various sub-areas which comprise the competencies of the dual profession. The bibliography should be of great value to speech and hearing therapists, who at the beginning of their careers often have a limited budget for books; for those, whether employed in public schools, college clinics, or medical settings, who find that their access to books about child development, psychiatry, neurology, speech pathology, audiology and related areas, is usually inadequate to their needs. This bibliography may be obtained by writing Morris Val Jones, Ph.D., Speech and Hearing Therapy School for Cerebral Palsied Children, Merced and Winston Dr., San Francisco, Calif.

News and Announcements

Institutional

Research Grants and Awards

The Board of Directors of John Tracy Clinic announce the establishment of the annual C. V. Hudgins Scholarship for students enrolled in the joint John Tracy Clinic—University of Southern California Teacher Training Program. This scholarship, which will provide tuition assistance to future teachers, was created to recognize the outstanding contribution of Hudgins in the field of research and particularly his interest in the area of speech for the deaf child. Hudgins is Director of the research department of the Clarke School for the Deaf in Northampton, Massachusetts.

The Hearing Center, University of Denver, has received a $62,441 grant from the U. S. Office of Education. J. L. Stewart will direct the five-year project which will evaluate the effectiveness of educational audiology on the speech and language development of hearing impaired children.

The Speech Clinic and Medical School of the University of Michigan and Wayne County General Hospital are cooperating in the establishment of a laboratory program for training of students interested in the testing and treatment of aphasic patients. In addition to the residential program provided by the Aphasia Division of the Speech Clinic, the new program will provide a large number of patients for the students to study, examine, and teach. Ronald J. Tikofsky and Peter Perry of the Speech Clinic are serving as consultants to the Hospital as a part of the program.

The Public Health Service has created a new Division of Occupational Health. The purpose of the Division is to strengthen the Public Health Service's nationwide program to protect the health of American workers. The group, under its chief, Harold J. Magnuson, will carry out an "extensive research program aimed at developing better techniques, materials, and equipment in the prevention, diagnosis, and treatment of occupational disease." Both physiological and psychological factors in the work environment will come under careful study. The Division will also work to train more personnel and to develop the necessary professional resources.

The Sarah Fuller Foundation for Little Deaf Children recently became affiliated with the Hearing and Speech Clinic of the Children's Hospital Medical Center in Boston, and Adam J. Sortini was named Administrative Head. The Foundation will continue to send trained teachers of the deaf into the home for young children when their parents are unable to bring the child to the hospital for therapy.

The Charles H. Hood Dairy Foundation of Boston has awarded the Hearing and Speech Clinic of the Children's Hospital Medical Center in Boston two scholarship grants, one in speech and one in hearing. These scholarships will provide $1800 for a 20-hour week for the recipient.

Readers are urged to contact Mrs. Dorothy D. Craven, Speech Clinic, University of Maryland, College Park, Md., Associate Editor of NEWS AND ANNOUNCEMENTS, if they have information of pertinence to this Department.

Gallaudet College, with the support of the U.S. Office of Vocational Rehabilitation, is offering a 4-weeks course, "Orientation to the Deaf," three times during 1960-61 (October 26-November 22; March 1-28; April 4-May 8). Vocational Rehabilitation counsellors, welfare workers, and other counsellors "who wish to acquire a deeper understanding of deaf people and their problems as well as the ability to communicate with them" may enroll for 4 semester hours at either the graduate or undergraduate level. The course content includes intensive training in manual language. Application forms and further information are available from: The Registrar, Gallaudet College, Washington 2, D. C.

The 1960 edition of *Health, Education and Welfare Trends* has been released by the Department of Health, Education and Welfare. Data has been gathered in these fields to help understand past developments and analyze current and future problems. Statistics on such educational problems as enrollments, degrees conferred, expenditures, staffing problems and retention are included. First published in 1959 for official use only, the new edition can be obtained by any interested person from the Government Printing Office, Washington 25, D.C.

Wayne State University College of Medicine is producing a series of films on Physical Diagnosis for physicians, interns, nurses, etc. The films had their premier showing at the American Medical Association Convention. Three of the seven completed reels might also be of interest to students in speech pathology and audiology. The films are "The Larynx" with Paul Holinger, "Ear and Hearing" with George Shambaugh, and "Diagnosis of Speech Impairments" with Frederic Darley and Charles Van Riper. Since the films are sponsored by the Ciba Company, it is expected that they will receive international distribution. Information about rental or purchase is available from: F. J. Margolis, M.D., 2901 S. West Nedge, Kalamazoo, Mich.

Boston University will sponsor a study tour of special education and rehabilitation facilities in Europe during the summer of 1961. Six graduate credits will be granted upon completion of assigned projects. Wilbert Pronovost will conduct the tour which will include visits to special schools and centers for the speech and hearing handicapped. Detailed information can be obtained from Wilbert Pronovost, Boston University, 332 Bay Street Road, Boston, Massachusetts.

A Rehabilitation Counsellor Training Program at the University of Pittsburgh, Department of Special Education and Rehabilitation, has been approved by the U.S. Office of Vocational Rehabilitation. Candidates at the M.Ed., Ed.D., or Ph.D. levels are eligible to apply. Stipends from $1,800 to $3,400 are available. Further information is available from L. Leon Reid, coordinator of the program.

Los Angeles State College has announced a program of study leading to the Degree of Master of Arts in Speech Correction and Audiology. The program, which commenced in the fall of 1960, permits a candidate to select a major emphasis in Speech or Audiology.

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The magic of a music box . . . a little boy's laughter of delight.

Every endeavor offers some measure of satisfaction: a job well done, a profit made, a problem overcome. But in our profession there is a deeper, more enduring satisfaction: the sudden, youthful smile of an old man talking on the phone again . . . the young mother's sigh of contentment as she hears her child's soft "Good night" . . . this tot's awakening to the wonderful world of sound.

At times like these, you realize once again that to the hard-of-hearing a hearing aid is truly a dream come true, a miracle, a Christmas morning, and that to play some part in making these dreams come true is indeed a heart-warming and rewarding job.

To all our distributors and friends and to the hard-of-hearing everywhere. Audivox sends the season's happiest wishes. May all your dreams come true, and may your Christmas morning last all year.

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At Fresno State College, the speech and hearing wing of the new Speech Building will include audiometric equipment providing complete sound field testing. The staff of the clinic is cooperating in the formation of a cleft palate team for the Fresno Area. In the past, the treatment and training of an individual with a cleft palate has been the responsibility of the plastic surgeon. The Neurological Diagnostic Group at the Valley Children's Hospital has recently been approved by the California Crippled Children's Services. This multi-discipline group includes speech pathology, psychology, and special education, as well as several medical specialties. Therapy for those children studied, who have marked communication disorders, is provided at the Speech and Hearing Clinic at Fresno State.

A Counseling Center for the Deaf is being established on the campus of Gallaudet College. The Office of Vocational Rehabilitation has awarded a $50,000 grant to subsidize the first year of its operation. Additional, but decreasing amounts will be provided for four additional years, but after five years the College will assume financial responsibility. A competent staff has been appointed, and is being given an intensive training program in communicating with and understanding the deaf. A comprehensive library of tests, measures, and counseling aids, as well as occupational information is also being assembled. The services of the center will be available to students on the campus as well as to the "deaf" population in the surrounding communities.

Attention is called to the benefits available to children of veterans under the provisions of the so-called "Junior G. I. Bill." Thirty-six months of training and education may be obtained at a payment of $110 per month by students between 18 and 23 whose parent died from disease or injury incurred or aggravated in armed forces during World War I, II, or the Korean Conflict. A special feature of the law provides for special restorative training or retraining to improve an individual's ability with respect to physical or mental handicaps. This training may begin at age 14. Application for aid under the bill must be filed by a parent or guardian with the Veterans Administration.

Marquette University, Milwaukee, Wisconsin, dedicated its new Duffey Speech and Hearing Habilitation Center on September 24. The center is named for the founder of the Marquette Speech Clinic, W. R. Duffey. Participating in the dedication ceremonies were Stanley Ainsworth, Robert West, and Anna Carr. Ainsworth spoke on "The Present Status of our Profession." Albert J. Sokolnicki is the present director of the center.

During the spring semester of 1960, Donald L. Robinson, Speech and Hearing Clinician, Glenn County, California, and Channel KUIE, Sacramento, presented a speech development and improvement television series entitled, "*Let's Talk.*" The 14-week series was directed to kindergarten, first, and second grades. Through the use of "Danny," a magic listening doll, and reality story situations, children were given aural stimulation and opportunities to practice some of the more difficult sound elements in communicative situations.

Mongolism is the subject of a new Children's Bureau publication, "*The Mongoloid Child.*" This is one of a series for parents with children with handicapping conditions. The publication gives information about the condition and advises on the handling of the child. Among the questions discussed is the decision as to whether the child should be kept at home or institutionalized. Community and state sources of help are also listed. Copies of the booklet may be obtained for 10¢ each from the: Superintendent of Documents, U. S. Government Printing Office, Washington 25, D. C.

The University of Michigan Medical Center has announced plans to construct "the world's largest medical institute devoted exclusively to research on hearing." The facility, which will cost approximately $1,750,000, will be known as the Kresge Hearing Research Institute, and it is expected to be completed by the 1962-63 academic year. Present building plans call for a five-story wing to be added to the existing Kresge Medical Research Building at the University of Michigan Medical Center. Special equipment for the Institute will include an anechoic chamber and reverberation chambers, vibrationless platforms, an electronics laboratory, shielded rooms, and patient testing and examining rooms. The program at the Institute will be designed chiefly "to advance knowledge of hearing through a broad, multi-disciplinary attack on scientific problems." At least seven departments of the University of Michigan Medical School are expected to expand their present research activities into hearing problems once the Institute is fully established.

A conference designed to identify problems, issues, and needs in parent education, held jointly by the Children's Bureau and the Institute of Child Development and Welfare of the University of Minnesota has been reported in a new publication, *Parent Education and the Behavioral Sciences.*" The research specialists who attended the conference centered much of their discussion around relationships between research findings and policies and practices in parent education. Gaps in present knowledge of parent-child relationships, child-development, and family interaction were recognized and are listed in the publication. Copies of the Publication Number 379 are available (for 25¢) from the Government Printing Office, Washington 25, D. C.

West Virginia University, Morgantown, and Marshall College, Huntington, are the two institutions of higher learning in West Virginia that offer degree programs in Speech Correction. Both schools graduated their first majors in June, 1960. Starting in September, 1960, the College of Education, West Virginia University, will offer an Ed.D. in Speech Correction or Audiology. A speech and hearing clinic is included in the facilities of the new medical school, which also began operation in September. Bernard Schlanger is director of both the hospital and university clinics. At Marshall College, Ruth Garrett has begun evening classes to help employed teachers work toward certification.

Organizational

The first issue of *The Journal of the Ontario Speech and Hearing Association* was published in August, 1960. A preface to the Journal states that an important aim of the group is the "promotion of research and dissemination of information to its members." The group is also interested in maintaining liaison with similar organizations. Christie Bentham is serving as editor of the Journal, which contained ten articles and a book review section. An informational insert, "A Survey of Speech and Hearing Services in the Province of Ontario," was also included.

Although preliminary meetings had been held in 1958, the constitution of the Ontario Speech and Hearing Association was not approved until June, 1959. The purpose of the group as stated in the Constitution is to "advance the profession of Speech Pathology and Audiology with regard to standards of professional training, ethical practice, research, and dissemination of information." Anthony Bowie is serving as president of the group. Further information about the group is available from the Secretary, Margaret Quin.

The Alexander Graham Bell Association for the Deaf elected six new board members at its recent meeting in Rochester, New York. Elected to serve were: Helen Schick Lane, Mary Numbus, S. Richard Silverman, Robert H. Cole, and Louise Tracey. The proceedings of this meeting are contained in the September, 1960, *Volta Review*. More than 40 speakers representing many areas of interest are included in the 140-page issue. Copies or subscriptions are available from: The Volta Bureau, 1537 35th Street, N.W., Washington 7, D.C.

At the national meeting, the Parent's Section of the Alexander Graham Bell Association for the Deaf set as its primary target the recruiting of teachers of the deaf. The 40 affiliate groups throughout the country will engage in a concentrated two-year recruitment program. Both high school and college students will be encouraged to investigate this profession and to enter teacher training programs.

The Health Careers Recruitment Committee of the Virginia Council on Health and Medical Care has developed a program to assist in meeting the shortage of personnel in the health field. A number of materials for use in the recruitment program have been developed. More than 18 careers including "Audiology and Speech Correction" are described in pamphlets, posters, and fact sheets. The materials have been distributed to high school counselors and have been supplemented by exhibits at career day programs, special assembly programs, and films. The Recruitment Committee is composed of a representative from each of the professions as well as each statewide organization. The Council is a voluntary, privately supported organization with headquarters in Richmond, Virginia.

The American Association of Clinical Counselors, which was formed in Boston in April of 1959, is now accepting applications for memberships from speech and hearing clinicians, who are actively participating in clinical counseling and psychotherapy. Information and applications for membership may be obtained from: Honora B. Foster, Chairman, Membership Committee, #12 Stanley Road, Waltham, Massachusetts.

The Fifth Annual Convention of the New York State Association of Educators of the Deaf met October 13-15 at the Lutheran School for the Deaf, Mill Neck Manor, New York. On Friday, October 14, Leola S. Horowitz, Director, Speech and Hearing Center, Adelphi College, presented the keynote address, "The Effect of Deafness on Behavior." For the remainder of the day, the participants divided into workshop groups. Two of the workshop leaders were Josephine Carr and Leo Conner. On Saturday, the featured address, "Federal Grant Project," was given by Maria Meier, consulting psychologist, Mill Neck Manor.

A presentation of some of the new techniques for the handling of animals used in scientific research was a highlight of the Eleventh Annual Meeting of the Animal Care Panel in St. Louis. Among the newer techniques demonstrated and reviewed was the hypnotism of small animal subject. This technique, which is based on the medical use of hypnotism of human patients, aroused great interest. Demonstrations by specialists of the hypnotism of small animals and other humane handling methods were followed by an opportunity for panel members to attempt personally the new procedures.

The 13th Annual Conference on Electrical Techniques in Medicine and Biology was held in Washington, D.C., October 31 – November 2, 1960. More than 90 authorities participated in the program which pointed up the broad advances in medical electronics. A number of technical and scientific exhibits were on display. A Digest of the papers presented, supplemented by many illustrations, was given to every registrant. Post conference copies ($5.00) are available from: L. Winner, 152 West 42nd Street, New York.

The Board of Trustees of the National Medical Foundation for Eye Care has adopted an official statement of six principles concerning paramedical workers in relation to medicine. The statement was published in the *Journal of the Medical Association of Georgia*, October, 1958. After declaring that "medicine must re-establish its primacy, overall responsibility and authority in the realm of medicine," the statement outlines the right of medicine to define "the conditions under which such groups may or should be licensed," and "to delegate technical procedures to the paramedical worker." Principle III states that "In the interest of better coordinated professional service, medicine should determine and define the need for each paramedical group, its functions, its educational standards, and the manner in which its members are to be recognized and supervised." The concluding principle alerts the medical profession to the "basic fact that whenever any paramedical group succeeds in establishing independent status, or in circumscribing or compromising the authority of the physician in any area of professional medical practice, the threat or danger extends to all of medicine . . ."

The National Advisory Council of Vocational Rehabilitation recently approved a third year of a grant to the University of Kansas Medical Center for cineradiographic study of postlaryngectomized speech. The award will be in the amount of $5,865 for the period July 1, 1960 through June 30, 1961. This brings the total support for this project to $22,000. William M. Diedrich, Ph.D., is project director.

The National Society for Crippled Children and Adults has approved a grant to the University of Kansas Medical Center for a radiographic and speech rating investigation of speech mechanisms in cleft palate and control subjects. The award of $10,983 is for a one-year period beginning September 1, 1960. Ralph L. Shelton, Jr., Ph.D., is the principal investigator.

The 9th International Northern Great Plains Conference on Special Education and Rehabilitation with representation from Alberta, Saskatchewan, Manitoba, Montana, Wyoming, South Dakota, and North Dakota met in August on the campus of the Minot, (N. D.) State Teachers College. This conference was organized in 1951 to discuss the special education and rehabilitation problems peculiar to the northern great plains area with its scattered rural population. Representatives of the fields of medicine, speech pathology, special education, physical therapy, occupational therapy, psychology, social work, and administration participated. Edna Gilbert is president of the conference.

The 8th World Congress of the International Society for the Welfare of Cripples was held at the Waldorf-Astoria Hotel in New York City, August 28 through September 2, 1960. The ISWC holds a World Congress every three years. This was the first Congress held in the United States.

A wide range of handicapping conditions were considered in the areas of neurology, orthopedics, cardiovascular diseases, geriatrics, physiatrics, speech and hearing, etc. Many countries were represented, ranging from Argentina to the Union of South Africa. Representing the American Speech and Hearing Association on the Congress program were:

Mildred F. Berry, Rockford College, Rockford, Ill.
Jack Bloom, Queens College, New York
Spencer F. Brown, Darlen, Conn.
Jon Eisenson, Queens College, New York
Warren H. Gardner, Cleveland Clinic Foundation, Cleveland, Ohio
Wendell Johnson, State University of Iowa, Iowa City, Iowa
Shulamith Kastein, Columbia Presbyterian Medical Center, New York City
Herbert Klinger, Hunter College, New York
Wilbert Pronovost, Boston University, Boston, Mass.
D. C. Spriestersbach, State University of Iowa, Iowa City, Iowa
Deso A. Weiss, New York City
Gerald Woolf, New York Veterans Administration Hospital, New York
Annette Zaner, Bird S. Koler Hospital, New York

Preliminary announcements of the IV International Congress of Phonetic Sciences, which is to be held in Helsinki, Finland September 4-9, 1961, have been circulated by the organizing committee. The program of the congress will reflect the philosophy of the group that "whatever facet of sound we approach, it attracts attention from more than one scientific angle, and the critical survey and confrontation of the various angles is the task of the congress." Plenary sessions will cover subjects in Acoustic and Physiological phonetics; Psychological aspects of phonetics, such as perception and recognition of phonetic units; and Linguistic Phonetics. Among the scholars who have accepted an invitation to present papers are: L. Flanagan, D. Fry, Y. Ochiai, G. E. Peterson, C. J. Fillmore, J. D. Subtelny, and G. Fant. Further details of program, fees, etc. will be made available at a later date.

On Other Fronts

The October issue of *McCall's* contains a column, "What Parents Ask About Hearing Disorders." The answers are provided by Milton J. E. Jenn, Director of Child Study Center, Yale University. A list of organizations which will provide reliable information to parents concludes the article. ASHA is one of six organizations so listed.

Personals

Freeman McConnell has been appointed Professor of Special Education and Chairman, Hearing and Speech Division, Department of Special Education, at the University of Tennessee. His duties will include coordinating and developing a graduate program in Audiology and a training program for teachers of the deaf. He is also acting as a consultant in audiology to the Tennessee School for the Deaf and the East Tennessee Hearing and Speech Center.

Muriel E. Morley, presented a 10-lecture course at the University of Denver late this summer. She is presently a lecturer in Speech Pathology in the Department of Speech, Kings College, Durham University, Newcastle-on-Tyne, England. Miss Morley is well-known as an author, lecturer, and as a guest speaker at the Eleventh International Congress of Logopedics (London, August, 1959).

Tina E. Bangs, Associate Director of Houston Speech and Hearing Center, has been awarded the Theta Sigma Phi Matrix award by the Houston professional chapter for outstanding contribution to the field of education in 1960.

Representatives of 79 national organizations attended a meeting on National Goals in Education on April 12, 1960 in Washington, D.C. **Richard Hendricks,** Director of the Speech Clinic, University of Maryland, represented the American Speech and Hearing Association. The purpose of the meeting was to discuss a paper drawn up by the Department of Health, Education and Welfare and the Office of Education regarding *National Goals in the Staffing and Construction of Public, Elementary, and Secondary Schools.* Prepared by a study staff over the last two-year period, the paper was the result of a scientific study of school needs for the next ten years.

The two most definite recommendations of the paper, as outlined by Secretary Fleming to the representatives, were: 1) an across-the-board increase in teacher's pay of 50% by 1963-64; and 2) the construction of an estimated 607,800 classrooms over the next decade. The interests of the American Speech and Hearing Association and its members appear to be involved in both of these recommendations. Such an increase in pay scale would help in the problem of recruitment, as well as morale. Interest in the classrooms would seem to be in the direction of plans for "special" classrooms.

Further papers are reported to be in process. These will deal with the implementation of these proposals as well as the results of studies conducted at the college and university levels.

S.L.B.

Radioear's 37th Year Attests Anew to "Product Quality Without Compromise"!

Radioear—the oldest manufacturer of electronic hearing-aids—now has new reasons to reaffirm every basic company policy established in 1924—the year that Radioear pioneered the world's first vacuum-tube hearing-aid with a dynamic microphone!

At that time, substantially the same ownership and the same management that guide Radioear today determined that the Company always would adhere to its original policies.

Those policies prescribe dedication to product quality ever without compromise—to utmost service possible for those afflicted with hearing-loss—and to the continued maintenance of fair profits for Radioear distributors.

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